

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28203-2861

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00423871

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☒ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ Convention (12C)

☐ General (12G)

☐ Special (12S)

☐ Runoff (12R)

Election on

/  /

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

/  /

in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer

Mary Ann Rouse

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">233584.13</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">238172.27</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">14546.85</span>	<span style="border: 1px solid black; padding: 2px;">36634.99</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">252719.12</span>	<span style="border: 1px solid black; padding: 2px;">270219.12</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">22000.00</span>	<span style="border: 1px solid black; padding: 2px;">39500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">230719.12</span>	<span style="border: 1px solid black; padding: 2px;">230719.12</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y Y  
 04 01 2012

To:

 M M / D D / Y Y Y Y Y Y  
 06 30 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13116.33

28887.04

(ii) Unitemized .....

1377.90

7666.12

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14494.23

36553.16

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

14494.23

36553.16

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

52.62

81.83

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

14546.85

36634.99

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

14546.85

36634.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	22000.00	22000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22000.00	39500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22000.00	39500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14494.23	36553.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14494.23	36553.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. John W. Baker

Mailing Address 16224 Leeward Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Healthcare Administrator

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Transaction ID : SA11AI.9136

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. John W. Baker

Mailing Address 16224 Leeward Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Healthcare Administrator

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2012

Transaction ID : SA11AI.9192

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

c. John W. Baker

Mailing Address 16224 Leeward Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Healthcare Administrator

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2012

Transaction ID : SA11AI.9248

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Dr. Marsha D Ford**

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9163

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

**B. Dr. Marsha D Ford**

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9219

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

**C. Dr. Marsha D Ford**

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9275

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Paul S Franz**

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9130

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Paul S Franz**

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9186

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. Paul S Franz**

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9242

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.01



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Greg A Gombar**

Mailing Address 4625 Cotton Creek Drive

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9152

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Greg A Gombar**

Mailing Address 4625 Cotton Creek Drive

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9208

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

**c. Mr. Greg A Gombar**

Mailing Address 4625 Cotton Creek Drive

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9264

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Janet D Handy**

Mailing Address 8044 Silver Jade Lane

City State Zip Code  
 Denver NC 28037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9168

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**B. Ms. Janet D Handy**

Mailing Address 8044 Silver Jade Lane

City State Zip Code  
 Denver NC 28037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9224

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**C. Ms. Janet D Handy**

Mailing Address 8044 Silver Jade Lane

City State Zip Code  
 Denver NC 28037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9280

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Henry C Hawthorne**

Mailing Address 1310 James B White Hwy N

City State Zip Code  
 Whiteville NC 28472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9129

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**B. Henry C Hawthorne**

Mailing Address 1310 James B White Hwy N

City State Zip Code  
 Whiteville NC 28472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9185

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**c. Henry C Hawthorne**

Mailing Address 1310 James B White Hwy N

City State Zip Code  
 Whiteville NC 28472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9241

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. James C Hunter**

Mailing Address 1506 Providence Drive

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9133

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**B. James C Hunter**

Mailing Address 1506 Providence Drive

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9189

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**c. James C Hunter**

Mailing Address 1506 Providence Drive

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9245

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. W. Christopher Johnson**

Mailing Address 445 Forest Hill Circle

City

Rutherfordton

State

NC

Zip Code

28139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9151

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. W. Christopher Johnson**

Mailing Address 445 Forest Hill Circle

City

Rutherfordton

State

NC

Zip Code

28139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9207

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. W. Christopher Johnson**

Mailing Address 445 Forest Hill Circle

City

Rutherfordton

State

NC

Zip Code

28139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9263

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

125.01

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. John J Knox**

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9162

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. John J Knox**

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9218

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. John J Knox**

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9274

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Brent R Lambert**

Mailing Address 8401 Getalong Rd

City State Zip Code  
 Charlotte NC 28213

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

Transaction ID : SA11AI.9171

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**B. Brent R Lambert**

Mailing Address 8401 Getalong Rd

City State Zip Code  
 Charlotte NC 28213

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012

Transaction ID : SA11AI.9227

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**C. Brent R Lambert**

Mailing Address 8401 Getalong Rd

City State Zip Code  
 Charlotte NC 28213

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

Transaction ID : SA11AI.9283

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

250.02

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial)  <b>A. Mr. Frank S Letherby</b></p> <p>Mailing Address 5234 Lancelot Drive</p> <p>City State Zip Code  Charlotte NC 28270</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  208.35</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  05 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.9154</b></p> <p>Amount of Each Receipt this Period  41.67</p> <p>Payroll Deduction \$41.67 monthly</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Mr. Frank S Letherby</b></p> <p>Mailing Address 5234 Lancelot Drive</p> <p>City State Zip Code  Charlotte NC 28270</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.02</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.9210</b></p> <p>Amount of Each Receipt this Period  41.67</p> <p>Payroll Deduction \$41.67 monthly</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Mr. Frank S Letherby</b></p> <p>Mailing Address 5234 Lancelot Drive</p> <p>City State Zip Code  Charlotte NC 28270</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  291.69</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 29 / 2012</p> <p><b>Transaction ID : SA11AI.9266</b></p> <p>Amount of Each Receipt this Period  41.67</p> <p>Payroll Deduction \$41.67 monthly</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			125.01		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. W. Spencer Lilly**

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9174

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. W. Spencer Lilly**

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9230

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. W. Spencer Lilly**

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9286

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

250.02

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Frieda M Lowder**

Mailing Address PO Box 5685

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9180

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

## **B. Frieda M Lowder**

Mailing Address PO Box 5685

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9236

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

## **C. Frieda M Lowder**

Mailing Address PO Box 5685

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinashHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9292

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. James T McDeavitt**

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9170

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. James T McDeavitt**

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9226

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. James T McDeavitt**

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9282

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

500.01

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial)  <b>A. Mr. James C Olsen</b></p> <p>Mailing Address 5900 Summerston Place</p> <p>City State Zip Code  Charlotte NC 28277</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  625.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.9158</b></p> <p>Amount of Each Receipt this Period  125.00</p> <p>Payroll Deduction \$125 monthly</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Mr. James C Olsen</b></p> <p>Mailing Address 5900 Summerston Place</p> <p>City State Zip Code  Charlotte NC 28277</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  750.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.9214</b></p> <p>Amount of Each Receipt this Period  125.00</p> <p>Payroll Deduction \$125 monthly</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Mr. James C Olsen</b></p> <p>Mailing Address 5900 Summerston Place</p> <p>City State Zip Code  Charlotte NC 28277</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  875.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 29 / 2012</p> <p><b>Transaction ID : SA11AI.9270</b></p> <p>Amount of Each Receipt this Period  125.00</p> <p>Payroll Deduction \$125 monthly</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>375.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph G Piemont**

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

Transaction ID : SA11AI.9139

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph G Piemont**

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012

Transaction ID : SA11AI.9195

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. Joseph G Piemont**

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

Transaction ID : SA11AI.9251

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Debra Plousha Moore**

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9165

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**B. Debra Plousha Moore**

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9221

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**C. Debra Plousha Moore**

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9277

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Thomas J Pulliam**

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9126

Amount of Each Receipt this Period

300.00

Payroll Deduction \$300 monthly

Full Name (Last, First, Middle Initial)

**B. Thomas J Pulliam**

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9182

Amount of Each Receipt this Period

300.00

Payroll Deduction \$300 monthly

Full Name (Last, First, Middle Initial)

**C. Thomas J Pulliam**

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9238

Amount of Each Receipt this Period

300.00

Payroll Deduction \$300 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Derek Raghavan**

Mailing Address 9440 Heydon Hall Circle

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9175

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

## **B. Derek Raghavan**

Mailing Address 9440 Heydon Hall Circle

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9231

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

## **C. Derek Raghavan**

Mailing Address 9440 Heydon Hall Circle

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9287

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.01



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Roger A Ray**

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9125

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Roger A Ray**

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9181

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**c. Mr. Roger A Ray**

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9237

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

500.01

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Lawrence W Raymond**

Mailing Address 5740 Ballinard Lane

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9156

Amount of Each Receipt this Period

70.00

Payroll Deduction \$70 monthly

Full Name (Last, First, Middle Initial)

## **B. Lawrence W Raymond**

Mailing Address 5740 Ballinard Lane

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9212

Amount of Each Receipt this Period

70.00

Payroll Deduction \$70 monthly

Full Name (Last, First, Middle Initial)

## **C. Lawrence W Raymond**

Mailing Address 5740 Ballinard Lane

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9268

Amount of Each Receipt this Period

70.00

Payroll Deduction \$70 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Michael L Rose**

Mailing Address 6901 Foxglove Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

266.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9164

Amount of Each Receipt this Period

133.34

Payroll Deduction \$133.34 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Michael L Rose**

Mailing Address 6901 Foxglove Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

400.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9220

Amount of Each Receipt this Period

133.34

Payroll Deduction \$133.34 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. Michael L Rose**

Mailing Address 6901 Foxglove Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

533.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9276

Amount of Each Receipt this Period

133.34

Payroll Deduction \$133.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

400.02

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Pamela M Rowell**

Mailing Address 9702 Heritage Lane

City State Zip Code  
Indian Trail NC 28079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9177

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**B. Pamela M Rowell**

Mailing Address 9702 Heritage Lane

City State Zip Code  
Indian Trail NC 28079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9233

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**C. Pamela M Rowell**

Mailing Address 9702 Heritage Lane

City State Zip Code  
Indian Trail NC 28079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9289

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Kenneth A Shull**

Mailing Address 60 Greenstoke Loop

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9159

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**B. Kenneth A Shull**

Mailing Address 60 Greenstoke Loop

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9215

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**C. Kenneth A Shull**

Mailing Address 60 Greenstoke Loop

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9271

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 30 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Ronald M Smidt**

Mailing Address P O Box 901

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9291

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

**B. James Michael Stevenson**

Mailing Address 1711 Mission Road

City

Murphy

State

NC

Zip Code

28906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9137

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

**C. James Michael Stevenson**

Mailing Address 1711 Mission Road

City

Murphy

State

NC

Zip Code

28906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9193

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial)  <b>A. James Michael Stevenson</b></p> <p>Mailing Address 1711 Mission Road</p> <p>City State Zip Code  Murphy NC 28906</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  583.38</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 29 / 2012</p> <p><b>Transaction ID : SA11AI.9249</b></p> <p>Amount of Each Receipt this Period  83.34</p> <p>Payroll Deduction \$83.34 monthly</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Daniel W Sweat</b></p> <p>Mailing Address 133 Twin Lake Drive</p> <p>City State Zip Code  Shelby NC 28152</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.9131</b></p> <p>Amount of Each Receipt this Period  100.00</p> <p>Payroll Deduction \$100 monthly</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Daniel W Sweat</b></p> <p>Mailing Address 133 Twin Lake Drive</p> <p>City State Zip Code  Shelby NC 28152</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  600.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.9187</b></p> <p>Amount of Each Receipt this Period  100.00</p> <p>Payroll Deduction \$100 monthly</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>283.34</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Daniel W Sweat**

Mailing Address 133 Twin Lake Drive

City State Zip Code  
Shelby NC 28152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9243

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

## **B. Mr. Michael C Tarwater**

Mailing Address 1414 Biltmore Drive

City State Zip Code  
Charlotte NC 28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9132

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael C Tarwater**

Mailing Address 1414 Biltmore Drive

City State Zip Code  
Charlotte NC 28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9188

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

933.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) <b>A. Mr. Michael C Tarwater</b></p> <p>Mailing Address 1414 Biltmore Drive</p> <p>City State Zip Code Charlotte NC 28207</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="2916.69"/></p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012 <b>Transaction ID : SA11AI.9244</b></p> <p>Amount of Each Receipt this Period <input type="text" value="416.67"/></p> <p>Payroll Deduction \$416.67 monthly</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Mr. Dennie R Underwood</b></p> <p>Mailing Address 18324 Turnberry Court</p> <p>City State Zip Code Davidson NC 28036</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="208.35"/></p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012 <b>Transaction ID : SA11AI.9138</b></p> <p>Amount of Each Receipt this Period <input type="text" value="41.67"/></p> <p>Payroll Deduction \$41.67 monthly</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Mr. Dennie R Underwood</b></p> <p>Mailing Address 18324 Turnberry Court</p> <p>City State Zip Code Davidson NC 28036</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="250.02"/></p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2012 <b>Transaction ID : SA11AI.9194</b></p> <p>Amount of Each Receipt this Period <input type="text" value="41.67"/></p> <p>Payroll Deduction \$41.67 monthly</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<input type="text" value="500.01"/>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<input type="text" value=""/>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Dennie R Underwood**

Mailing Address 18324 Turnberry Court

City State Zip Code  
Davidson NC 28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9250

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**B. Ms. Martha J Whitecotton**

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9176

Amount of Each Receipt this Period

42.00

Payroll Deduction \$42 monthly

Full Name (Last, First, Middle Initial)

**C. Ms. Martha J Whitecotton**

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9232

Amount of Each Receipt this Period

42.00

Payroll Deduction \$42 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Martha J Whitecotton**

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9288

Amount of Each Receipt this Period

42.00

Payroll Deduction \$42 monthly

Full Name (Last, First, Middle Initial)

**B. Mary Ann Wilcox**

Mailing Address 2719 Phillips Gate Drive

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : SA11AI.9146

Amount of Each Receipt this Period

111.12

Payroll Deduction \$111.12 monthly

Full Name (Last, First, Middle Initial)

**C. Mary Ann Wilcox**

Mailing Address 2719 Phillips Gate Drive

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.9202

Amount of Each Receipt this Period

111.12

Payroll Deduction \$111.12 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

264.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Mary Ann Wilcox**

Mailing Address 2719 Phillips Gate Drive

City State Zip Code  
Charlotte NC 28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.9258

Amount of Each Receipt this Period

111.12

Payroll Deduction \$111.12 monthly

Full Name (Last, First, Middle Initial)

## **B. Ms. Phyllis Anne Wingate**

Mailing Address 6005 Willowood Road

City State Zip Code  
Kannapolis NC 28081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.46

Date of Receipt

05 / 01 / 2012

Transaction ID : SA11AI.9160

Amount of Each Receipt this Period

222.23

Payroll Deduction \$222.23 monthly

Full Name (Last, First, Middle Initial)

## **C. Ms. Phyllis Anne Wingate**

Mailing Address 6005 Willowood Road

City State Zip Code  
Kannapolis NC 28081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.69

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.9216

Amount of Each Receipt this Period

222.23

Payroll Deduction \$222.23 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

555.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Phyllis Anne Wingate**

Mailing Address 6005 Willowood Road

City	State	Zip Code
Kannapolis	NC	28081

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.9272

Amount of Each Receipt this Period

222.23

Payroll Deduction \$222.23 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. John E Young**

Mailing Address 809 E. King Street

City	State	Zip Code
Kings Mountain	NC	28086

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : SA11AI.9169

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. John E Young**

Mailing Address 809 E. King Street

City	State	Zip Code
Kings Mountain	NC	28086

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11AI.9225

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

322.23

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A.** Mr. John E Young

Mailing Address 809 E. King Street

City

Kings Mountain

State

NC

Zip Code

28086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2012

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.9281

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

13116.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Beverly Earle Campaign Committee**

Mailing Address 312 S. Clarkson Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement

011

Candidate Name

**Beverly Earle Campaign Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9353**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bill Brawley Committee**

Mailing Address 13612 O'Toole Drive

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement

011

Candidate Name

**Bill Brawley Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9354**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens to Elect Kathy Harrington**

Mailing Address 3324 Lincoln Lane

City	State	Zip Code
Gastonia	NC	28056

Purpose of Disbursement

011

Candidate Name

**Citizens to Elect Kathy Harrington**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9375**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Kelly Alexander**

Mailing Address PO BOX 16896

City	State	Zip Code
Charlotte	NC	28297-6896

Purpose of Disbursement

Candidate Name

**Committee to Elect Kelly Alexander**

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9349**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Linda P. Johnson**

Mailing Address 1205 Berkshire Drive

City	State	Zip Code
Kannapolis	NC	28081

Purpose of Disbursement

Candidate Name

**Committee to Elect Linda P. Johnson**

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9348**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Malcolm Graham**

Mailing Address 3404 Cresta Court

City	State	Zip Code
Charlotte	NC	28269

Purpose of Disbursement

Candidate Name

**Committee to Elect Malcolm Graham**

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9372**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Wil Neumann**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Mailing Address 1381 E. Garrison Blvd

**Transaction ID : SB29.9359**

City	State	Zip Code
Gastonia	NC	28054

Amount of Each Disbursement this Period

Purpose of Disbursement

011

500.00
--------

Candidate Name

**Committee to Elect Wil Neumann**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Full Name (Last, First, Middle Initial)

**B. Committee to Re-Elect Becky Carney**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Mailing Address PO BOX 32873

**Transaction ID : SB29.9356**

City	State	Zip Code
Charlotte	NC	28232

Amount of Each Disbursement this Period

Purpose of Disbursement

011

1000.00
---------

Candidate Name

**Committee to Re-Elect Becky Carney**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Dan Clodfelter for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Mailing Address 910 East Blvd

**Transaction ID : SB29.9370**

City	State	Zip Code
Charlotte	NC	28203

Amount of Each Disbursement this Period

Purpose of Disbursement

011

1000.00
---------

Candidate Name

**Dan Clodfelter for Senate**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Elect Rodney W. Moore for NC House 99**

Mailing Address 1914 Yaupon Road

City	State	Zip Code
Charlotte	NC	28215

Purpose of Disbursement

011

Candidate Name

Elect Rodney W. Moore for NC House 99

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Transaction ID : SB29.9350

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends to Tim Moore**

Mailing Address 1417 Merrimont Drive

City	State	Zip Code
Kings Mountain	NC	28086

Purpose of Disbursement

011

Candidate Name

Friends to Tim Moore

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Transaction ID : SB29.9358

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Ruth Samuelson**

Mailing Address 1432 Ferncliff Road

City	State	Zip Code
Charlotte	NC	28211

Purpose of Disbursement

011

Candidate Name

Friends of Ruth Samuelson

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Transaction ID : SB29.9355

Amount of Each Disbursement this Period

2000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Hartsell - State Senator Committee**

Mailing Address PO BOX 1709

City	State	Zip Code
Concord	NC	28206-1709

Purpose of Disbursement

011

Candidate Name

**Hartsell - State Senator Committee**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9380**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Hugh Blackwell for NC House**

Mailing Address 321 Mountain View Ave SE

City	State	Zip Code
VALdese	NC	28690

Purpose of Disbursement

011

Candidate Name

**Hugh Blackwell for NC House**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9347**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Martha Alexander Campaign Committee**

Mailing Address PO BOX

City	State	Zip Code
Charlotte	NC	28222

Purpose of Disbursement

011

Candidate Name

**Martha Alexander Campaign Committee**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

**Transaction ID : SB29.9357**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

### A. Robert Rucho Committee

011

Category/  
Type

## Robert Rucho Committee

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State:  District:

## B. The Tricia Cotham Committee

Transaction ID : SB29.9351

011

Category/  
Type

## The Tricia Cotham Committee

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. Tommy Tucker for NC Senate

Transaction ID : SB29.9368

011

Category/  
Type

Tommy Tucker for NC Senate

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State:  District:

4500.00

22000.00